

COMMUNITY HUMAN SERVICE PARTNERSHIP



2014/2015 CITIZENS REVIEW TEAM VOLUNTEER INFORMATION FORM

1) Name: _____

2) Place of employment: _____

3) Mailing address: _____

(Circle one: Home or Work)

4) Telephone: (Work) _____ (Home) _____ (Fax) _____

(Cell) _____ E-Mail Address: _____

5) Have you previously served as a Citizen's Review Team volunteer? Yes _____ No _____
If you answered yes, how many years have you served?

6) List the days you will not be available between **April 9** and **June 7** for agency visits:

_____	_____	_____
_____	_____	_____
_____	_____	_____

7) To ensure that you will not be assigned to a team reviewing an agency that you may have a **conflict of interest** (including a perceived **conflict of interest**) either positive or negative, please list the names of all agencies that this criteria would be applicable to. (Examples applicable to this criteria include: being employed or receiving monetary compensation from the agency, serving on an agency's board or committee, volunteering with an agency, being related to agency staff, filing a grievance, disagreeing with the services provided by the agency, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

8) CHSP staff makes every effort to create appropriately balanced review teams. To assist with this process, please provide the following information (check all that apply):

Gender:

☐ Male

☐ Female

Ethnicity:

☐ Caucasian

☐ African American

☐ Hispanic/Latino

☐ Native American

☐ Asian

☐ Other _____

Skills/Background/Occupation: ☐ Social Work/Human Services

☐ Financial (banking/accounting) ☐ Education/Educator ☐ Homemaker

☐ Government Employee (State, County, City) ☐ Small Business Owner

☐ Business ☐ Non-Profit ☐ Legal ☐ Medical ☐ Religious

☐ Community/Neighborhood Volunteer/Advocate ☐ Self Employed

☐ Human Resources ☐ Other(specify): _____

I certify that the above information is correct as of the date below. I will notify CHSP staff if any pertinent information changes prior to my team assignment. Further, I will immediately notify CHSP staff if there is a real or perceived *conflict of interest* with any agency to which I may be assigned.

Signature

Date

TRAINING SCHEDULE & WORKSHOP ATTENDANCE CONFIRMATION SECTION

Please sign up for ONE session and mark it on your calendar. All training sessions will be held at the American Red Cross, located at 1115 Easterwood Drive. *Lunch will be provided.*

☐ **Wednesday, March 19, 2014**
10:00 a.m. – 3:30 p.m.

☐ **Thursday, March 20, 2014**
10:00 a.m. – 3:30 p.m.

☐ **Wednesday, March 26, 2014**
10:00 a.m. – 3:30 p.m.

☐ **Thursday, March 27, 2014**
10:00 a.m. – 3:30 p.m.



**Please return the entire form by email or regular mail by: 5:00 p.m.,
Friday, February 28 to:**

Sarala Hermes
City of Tallahassee
Department of Economic & Community Development
300 South Adams Street, Box B-27
Tallahassee, FL 32301
Email Address: sarala.hermes@talgov.com
Direct Phone Line: (850) 891-6553
Switchboard: (850) 891-6500
Fax Number: (850) 891-6592

**The Community Human Service Partnership
FY 2014/15
WORKSHOP ATTENDANCE CONFIRMATION FORM**

Please sign up for ONE session and mark it on your calendar. All training sessions will be held at the American Red Cross, 1115 Easterwood Drive. *Lunch will be provided.*

Please note which training you will be attending and keep this copy for your records. You will not receive any further confirmation from CHSP. If you have questions, please call Sarala Hermes at 891-6553.

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